## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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**DOCUMENT #** 

P93000038556 (5)

1. Corporation	YS PROPERTIES, INC.		` '								
TODA	113 PHOPENTIES, INC.										
Principal Place of Business Mailing Address		Mailing Address					F 10001004 Jil	folgo ilili dorti di	) (40 <b>0</b> 0 141 <b>40</b> 1	18 6 11181 19101	
3229 N. STATE RD. 7 Margate Fl 33063 US		3229 N. STATE RD. 7 MARGATE FL 33063 US									
				1	3. Date Incorporated or Qualified 3a. Date of Last Report 05/28/1993 08/01/1995						
2. Principal Place of Business 2a. Malling A			S			4.	FE) Number <b>65-042</b> §	073			Applied For Not Applicable
Suite, Apt. #	r, etc.	Suite, Apt. #, 6	tc.			5.	Certificate of Sta	itus Desired			<b>5</b> Additional Required
Oity & State	City & State Cit			Dity & State		6.	Election Campai Trust Fund Conf				00 May Be led to Fees
Zip <b>24</b>	Country 25	Zip <b>29</b>	30	Country		В.	This corporation Florida Statutes		intangible	tax under s	s 199.032,
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent				10.	Name and Add	iress of New F	Registere	d Agent	
	ISPOON, GERALD CYPRESS CREEK RD			81	Name Street	Address (P	.O. Box Number	s Not Acceptal	ole)	<del></del>	
SUITE				83		····					
}				84	City				F		Zip Code
SIGNATURE	o the provisions of Sections 607.0502 ad agent, or both, in the State of Fiori h, and accept the obligations of, Sect Synature, lyfed or printed name of registered by all					orporation so board of d		ment for the pu accept the app	rpose of contract to	hanging its as registere	registered office ad agent. I am
12.	# <del></del>	D DIFECTORS		3,	a sugar katale	TOUCH BUT IN IET IN	ADDITIONS/CHA	ANGES TO DE		VID DIRECT	ORS IN 12
TITLE	DPTV	DELET		1 TITLE		مدرخ ک	et ARLI	NIGES TO OFF	IOLING A	Change	
NAME STREET ADDRESS	MILLER, ROBERT J 19617 SEDGE FIELD TERR		1	2 NAME	ADDRESS	19613	serger	5020 Y	ELAA	در	
CITY-ST-ZIP	BOCA RATON FL		<b>∕</b>  ₁	4 CITY - 8	1 - 212	Boug	Entus	Fu :	3349	9	
TITLE	\$	DELET	E 2	1 TITLE		1				☐ Change	e 🔲 Addition
NAME	KEEFE, ROBERT A	-	2	2 NAME							
STREET ADDRESS	2505 C LAWSON BLVD		2	3 STREET	ADDRESS						
CITY - ST - ZIP	DELRAY BCH. FL		2	4 CITY-5	T - ZIP						
TITLE		DELET	E 3	1 TITLE						Change	Addition
NAME			3	2 NAME							!
STREET ADDRESS			3	.3 STREE	I ADDRESS						
CITY-ST-7IP				4 CITY - 9	1-71P						· · · · · · · · · · · · · · · · · · ·
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STREET ADORESS					ADDRESS	1					
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TITLE		☐ DEFE		1 THE		1				☐ Change	E Addition
NAME			5	.2 NAME		1					l

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

Addition

Change